



PHILIP MORRIS
COMPANIES INC.

Vendor Business Profile

Please type or print

Company Name	Year Established	SALES VOLUME (past 3 years)	
Address	No. of Employees	YEAR	DOLLAR VOLUME (000)
City/State/Zip	Floor Space (sq. feet)	Last Year 19__	\$
Telephone	Fax Number	Std. Indust. Code No. (s)	2 Yrs. Ago 19__
Contact	Title		3 Yrs. Ago 19__
Type of Business	Normal F.O.B.		

BUSINESS CLASSIFICATION

NOTE: SEE DEFINITIONS ON REVERSE SIDE OF THIS FORM

In accordance with government regulations and prime contract requirements, we are required to verify the business size and classification of our suppliers/potential suppliers. The responsibility of determining classification type for your business is yours. If you have questions, please contact your U.S. Small Business Administration Office. **PLEASE CHECK THE APPROPRIATE BOX(ES) IN EACH SECTION.**

SECTION A

<input type="checkbox"/> 1. Large Business Concern	<input type="checkbox"/> 2. Small Business Concern	<input type="checkbox"/> 3. Small Disadvantaged Business Concern
<input type="checkbox"/> 4. Woman-Owned Business	<input type="checkbox"/> 5. Other Minority Business Organization or Association	<input type="checkbox"/> 6. Physically Challenged Owner

SECTION B

Note: Philip Morris recognizes the following groups as minorities. Please check if your business falls into one of these categories.

African/Black American Hispanic American Native American Asian Pacific American Subcontinent Asian American Hasidic Jewish American

SECTION C

Is the business presently certified as a minority business with any governmental agency or body such as The Small Business Administration, The Minority Business Development Agency, or an affiliated Council of the National Minority Supplier Development Council, etc.? YES NO
(You may be requested to submit documentation) Has the business or any principals ever been denied certification by any agency? YES NO
If yes, why? _____

BUSINESS ORGANIZATION: CHECK APPLICABLE BOX(ES)

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other - Describe _____	<input type="checkbox"/> Check here if you require a form 1099
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Distributor	<input type="checkbox"/> Service Organization		

DESCRIPTION OF PRODUCTS and/or SERVICES

GEOGRAPHIC SERVICE AREA(S) and BRANCH LOCATIONS

REFERENCES

Corporate Customer	Contact	Phone
1.		
2.		
3.		

PRINCIPALS	% Ownership
NAME	TITLE

The undersigned hereby certifies that the information provided here is current, complete and accurate as of this date. If Business Classification checked indicates a minority-owned or woman-owned business, the undersigned also certifies that this company is at least 51% owned, operated and controlled by minority individuals or women; if business is awarded under these circumstances, you will be required to provide proof of status through an acceptable third party certification. Vendor further agrees to advise Philip Morris Companies Inc. of any significant changes. You may be audited and subject to legal action if you have misrepresented or falsified your minority status.

CERTIFIED BY (SIGN): _____

NAME (Type or Print): _____

TITLE _____ DATE _____